

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90007 031 ***550.00

0138910 AB

DOCUMENT # S83616
 1. Entity Name
AUTOSPACE HOLDINGS CORPORATION LA

Principal Place of Business ONE DESIGN CENTER PLACE SUITE 715 BOSTON MA 02210	Mailing Address ONE DESIGN CENTER PLACE SUITE 715 BOSTON MA 02210
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

4. FEI Number 04-3258579	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

CORPORATIO SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	LEVIS-THORNE, LADD M
STREET ADDRESS	ONE DESIGN CENTER PLACE, #715
CITY-ST-ZIP	BOSTON MA 02210
TITLE	VPTD <input type="checkbox"/> Delete
NAME	LEVIS, JAMES N
STREET ADDRESS	ONE DESIGN CENTER PLACE, #715
CITY-ST-ZIP	BOSTON MA 02210
TITLE	S <input type="checkbox"/> Delete
NAME	TANDON, PRADIP
STREET ADDRESS	ONE DESIGN CENTER PLACE, #715
CITY-ST-ZIP	BOSTON MA 02210
TITLE	D <input type="checkbox"/> Delete
NAME	FARRAR, ROSE
STREET ADDRESS	ONE DESIGN CENTER PLACE, #715
CITY-ST-ZIP	BOSTON MA 02210
TITLE	D <input type="checkbox"/> Delete
NAME	REDMON, CHARLES
STREET ADDRESS	ONE DESIGN CENTER PLACE, #715
CITY-ST-ZIP	BOSTON MA 02210
TITLE	D <input type="checkbox"/> Delete
NAME	BOX, WILLIAM
STREET ADDRESS	ONE DESIGN CENTER PLACE, #715
CITY-ST-ZIP	BOSTON MA 02210

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pradip Tandon* **VP Finance** 9 July 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)